



Opioid Misuse Prevention Program Guide

Carolina Complete Health

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Opioid Misuse Program Guide

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Introduction

Opioid misuse, overdose, and addiction have reached epidemic levels in the United States. The number of deaths resulting from opioid prescriptions nearly quadrupled between 1999 and 2011.¹ There are approximately 2 million people with opioid use disorder associated with prescription opioids, which accounts for an approximately \$78.5 billion annually.² Additionally, inappropriate opioid prescribing caused an escalation in other significant complications such as neonatal abstinence syndrome, drug-drug interactions, and non-fatal overdoses. According to the Centers for Disease Control and Prevention (CDC), the opioid epidemic has impacted the Medicaid population disproportionately.

A retrospective analysis conducted in Washington during 2004-2007 determined that the number of overdose deaths involving prescription opioids was 5.7 greater for Medicaid beneficiaries.³ Similarly, measuring poisonings death rates involving opioid analgesics in New York during 2003-2012 revealed that Medicaid enrollees had higher death rates for opioid prescriptions than non-Medicaid enrollees did each year.⁴ Therefore, effective clinical interventions to reduce prescription opioid misuse, specifically in the Medicaid population, would improve many lives.

OpiEnd strives to improve the lives of our members with opioid dependency and substance use disorder across the prevention to treatment continuum through data driven integrated care management and member education, pharmacy policies, provider engagement, and community outreach interventions. OpiEnd's goal is to effectively manage pain and prevent opioid misuse.

As required, Carolina Complete Health will implement an Opioid Misuse Prevention Program that aligns with the North Carolina Opioid Action Plan and includes interventions that promote early detection of opioid misuse, SBIRT, and increased access to Substance Use Disorder treatment, including Medication Assisted Therapy (MAT).

Carolina Complete will further engage AMH and LHD providers to educate them of the Carolina Complete Opioid Misuse program and the supports and resources available to help care management their assigned beneficiaries to include materials, data and reports, and ongoing education around this program and the topic.

¹ Chen LH, Hedegaard H, Warner M. Drug-poisoning deaths involving opioid analgesics: United States, 1999–2011. NCHS data brief, no 166. Hyattsville, MD: National Center for Health Statistics. 2014

² Schuchat A, Houry DE, Gery Jr GP. New data on opioid use and prescribing in the United States. *JAMA Viewpoint* 2017;318(7):1-2.

³ Coolen P, Lima A, Savel J, et al. Overdose deaths involving prescription opioids among Medicaid enrollees—Washington, 2004-2007. *MMWR*. 2009; 58:1171-1175.

⁴ Sharp MJ, Melnik TA. Poisoning deaths involving opioid analgesics-New York State, 2003-2012. *MMWR* 2015; 64:377-380

I. OpiEnd Pillar: Member Focused Interventions

Care Management to Improve Access to SUD Treatment

Our Care Needs Screening (CNS) tool asks beneficiaries if they use tobacco or other substances and asks them for a commitment to quit within the next month. Our Comprehensive Assessment tool will incorporate the following SUD-specific tools:

We will use SBIRT, which is an evidence-based, integrated, public health approach to the delivery of early intervention and treatment services for persons with SUD, as well as those at risk of developing SUD. We will continue building on the successes of our affiliates to generate outcomes for the treatment of SUDs through an integrated recovery process.

Along with SBIRT, we are exploring the use of **Brief Intervention and Treatment for Elders (BRITE)**. (BRITE), an adaptation of SBIRT geared toward adults aged 55+ years. The focus is to identify non-dependent substance use or prescription medication issues and provide effective service strategies prior to their need for more extensive or specialized SUD treatment. We will supply providers with SBIRT and BRITE Tool Kits to educate them on this critical SUD screening and intervention approach. We also will provide these tools to our DCMEs if they are not already using them in their assessment process.

Training

As part of Behavioral Health training for Carolina Complete Health and AMH/LHD Care Managers described above, we will provide specialized training on successfully assisting beneficiaries with (or at high risk for) SUD, including opioid misuse disorder. During orientation and ongoing training, we will address SUD services available to beneficiaries, tools such as SBIRT, referral processes and follow-up, and privacy and consent regulations and processes. We will ensure that training gives Care Managers an overview of SUD diagnoses and addresses topics and techniques that improve care coordination, including TIC, person-centeredness and motivational interviewing.

Care managers will also utilize a reference guide developed in collaboration with Care Management Society of America to outreach, manage and coordinate care for members at risk for opioid use disorder.

The ORCA Score™ (Opioid Risk Classification Algorithm)

The ORCA™ Score is a proprietary predictive model based on machine learning that stratifies population at risk for opioid misuse. This model proactively identifies beneficiaries for outreach before a formal opioid use disorder diagnosis. By identifying at-risk beneficiaries before formal diagnosis, interventions can be timelier and ultimately, more effective – preventing opioid abuse disorder and save lives. The ORCA score and has a 96% test accuracy. It places beneficiaries into three risk groups: high (likely to be actively misusing opioids); medium (trending towards active opioid misuse); and low (unlikely to be misuse opioids). Our person-centered approach to risk stratification also relies on information we learn or validate from beneficiaries, including their priorities and readiness to change. We will use Care Management outreach and

assessment findings to refine and re-stratify the beneficiary's level of care to meet newly identified issues or condition changes. Beneficiaries may move through stratification levels as their conditions change.

We will monitor the Opioid Misuse intervention efforts with quarterly retrospective reporting on opioid related behavioral health HEDIS metrics, as well as additional clinical outcome measures, including:

- Use of Opioids at High Dosage (UOD)
- Use of Opioids from Multiple Providers (UOP)
 - Multiple Prescribers
 - Multiple Pharmacies
 - Multiple Prescribers and Multiple Pharmacies
- Risk of Continued Opioid Use (COU)
- Opioid related ED encounters
- Opioid related inpatient encounters

II. OpiEnd Pillar: Provider Focused Interventions

Provider Education to Improve Access to SUD Services

All Provider education efforts that address Behavioral Health services include education and training on Substance Use Disorder (SUD) services, so providers will receive both initial and ongoing education on requirements, protocols, and best practices for Substance Use Disorder services, including screening and identification, referrals, best practices and new models of Substance Use Disorder interventions. The list of available Substance Use Disorder services will be included in the Provider Manual. We will include important benefit reminders, including reminders of Substance Use Disorder services available, in our biweekly provider e-newsletters. Similarly, our secure Provider Portal supports providers in identifying, risk stratifying and coordinating the delivery of Substance Use Disorder services.

Provider Toolkits:

Our SUD and Opioid Toolkits, available on our Provider Portal, include information about preventing opioid misuse, patient assessment tools, a description of available SUD treatment options, and Treatment Improvement Protocol #59 from SAMHSA regarding cultural competence in delivering SUD services. Our Tobacco Toolkit includes links to *QuitlineNC* and resources for patient brochures and cessation guidance.

Education about Trauma-Informed Care (TIC):

Our Clinical Provider Trainers will offer TIC training to providers to help them identify and successfully address underlying traumas that sometimes precipitate SUDs. This includes training on screening for Adverse Childhood Experiences (ACEs). We will incentivize, certify and document providers' use of TIC to prevent opioid use related to trauma.

Provider Continuing Medical Education (CME)

Carolina Complete Health will offer pain management seminars that feature current evidence based practices and clinical guidance toward the implementation of the 2016 CDC Guidelines for pain management, which are accredited for CME credit for physicians, nurses, and pharmacists.

Medication Assisted Therapy (MAT)

Currently, many of our Behavioral Health providers and a growing number of our partners offer MAT, including treatment of alcohol abuse with Vivitrol. Three partners are participating in Medication-Assisted Opioid Use Disorder Treatment Pilot Programs created by the North Carolina General Assembly through House Bill 1030. Carolina Complete Health, including our partners and the NCMS Foundation (NCMSF), have deployed a comprehensive plan to improve access to MAT including in high opioid use areas of the state such as Tyrell, Wilkes, and McDowell counties, through efforts such as APMs, use of telepsychiatry and training. We also are targeting providers who are prepared to provide MAT services to do so with LME MCOs, or MAT providers not currently accepting Medicaid patients.

Another component of the OpiEnd program is quarterly trainings for providers through the American Society of Addiction Medicine (ASAM) with the goal of increasing education toward the treatments for opioid use disorder. These free trainings to every provider focuses on opioid use disorder treatment, fulfilling the waiver requirements for buprenorphine therapy, with targeted education and mentoring on prescription policies, as well as a targeted focus for women's health and pregnancy. We will provide live-stream, online and in-person provider trainings to qualify providers to obtain DEA waivers for buprenorphine administration in collaboration with ASAM. The combined online material and live activity will provide the required eight hours needed to obtain the waiver. Physicians also will receive eight AMA PRA Category One Credits™.

Project ECHO Mentorship and Trainings:

Carolina Complete Health will leverage the efforts of our partner, NCMS to create and support a Project ECHO for Opioid Use Disorders (OUD), as part of Project OBOT. The Project ECHO will support providers to improve MAT services and better understand the root cause of OUD, symptoms, and treatment options. To create this Project ECHO, NCMS will work with North Carolina SUD providers.

Inpatient and Outpatient Detoxification

To ensure access to SUD services, Carolina Complete Health has agreements with more than 220 sites, providing SUD treatment throughout our regions. The Alcohol and Drug Council, which operates a statewide referral hotline, has agreed to let us compare our SUD network against their database to ensure we have the most robust SUD network possible.

Peer Recovery Coaches

We will pilot a program to engage/train qualified candidates to become Peer Recovery Coaches for beneficiaries in SUD treatment. The pilot provides financial support for training, professional mentoring and other resources.

III. OpiEnd Pillar: Pharmacy Focused Interventions

Our Drug Utilization Reviews (DURs) and Controlled Substances Reporting System (CSRS) reviews help identify opioid misuse, drug-seeking behaviors, overprescribing and utilization. These reviews will enable us to take appropriate action, including provider and/or beneficiary education and referrals to Lock In and to Carolina Complete Health/DCME Care Managers for Care Management. Our continuing education courses for physicians, nurses and pharmacists will address current best practices for treating patients with chronic pain and Substance Use Disorder/OD.

IV. Carolina Complete Health Specific Interventions

Project OBOT.

Carolina Complete Health and NCMSF recognize the barriers providers face in offering MAT, including difficulty complying with strict federal guidelines, low reimbursement, and the stigma of appearing to “sell prescriptions.” To that end, we provided startup funding for Project Office-Based Opioid Treatment (OBOT) in North Carolina, which is a pilot program developed by the NCMSF to increase access to MAT treatment. The pilot began at four sites in September 2018, including three Local Health Departments (LHDs) and the New Hanover County drug court. Project OBOT includes the following elements:

Recovery Platform

OBOT will provide a SUD-specific Electronic Medical Record (EMR) module that allows providers to search and analyze the CSRS; view automated, SAMHSA compliant workflows; order tests/obtain results directly from the lab; and view a reporting dashboard. Beneficiaries can self-schedule, reducing no-show appointments, and access their providers and counselors through a telemedicine platform.

LabCorp

Through the Recovery Platform, providers can electronically order and view results of LabCorp’s screening panel for MAT patients. Comprehensive Medication Management. Carolina Complete Health will increase opportunities for pharmacists to collaborate with PCPs and specialty SUD providers to coordinate MAT by establishing Medication Management pilot projects with select network pharmacies. The pilots will test models that support appropriate medication use and address barriers such as transportation

Complementary Pain Treatment

Acupuncture (In-Lieu of Service - pending approval from DHHS)

Carolina Complete Health is committed to fighting the opioid epidemic in North Carolina by offering evidenced-based alternatives in lieu of opiate therapies for chronic pain.

Carolina Complete Health proposes to offer alternative pain management via acupuncture in lieu of pharmaceutical pain management with Schedule II narcotics. According to the National Institutes of Health's (NIH) National Center for Complementary and Integrative Health, acupuncture has shown to be effective in the treatment of certain chronic pain conditions, including back and neck pain, osteoarthritis/knee pain, and headache. It is a generally safe treatment approach with few known complications or side effects.

Massage Therapy (In-Lieu of Service - pending approval from DHHS)

Carolina Complete Health is committed to fighting the opioid epidemic in North Carolina by offering evidenced-based alternatives in lieu of opiate therapies for chronic pain. Carolina Complete Health proposes alternative pain management via massage therapy provided by a licensed practitioner in lieu of pharmaceutical pain management with Schedule II narcotics. According to the National Institutes of Health's (NIH) National Center for Complementary and Integrative Health, massage has shown to be effective in the treatment of certain chronic pain conditions, including back pain. When provided by a trained practitioner, massage therapy has very few known risks.

Maternity Opioid Misuse

The Gaston Family Health Services Medication Assisted Therapy program began 11/2016 in Gaston County and 1/2018 in Catawba County to serve pregnant women and people living with HIV or Hepatitis C. The goal is to treat opioid misuse by blending medication management and Behavioral Health care with obstetrics (OB) and/or primary care. Each county program has a team of physicians, Behavioral Health Providers, Medical Assistants, and coordinators who work closely with the beneficiary's HIV or Hepatitis C counselors, and OB doctors. A Behavioral Health provider is located in the Local Health Department for high-risk OB beneficiaries, and work with OBs to create a postpartum standardized pain management program. The teams also worked with community partners such as CC4C, Child Protective Services, and local substance use treatment agencies. This program won NCCHCA's 2018 Evelyn D. Schmidt Outstanding Service Award.

To date, the program has served 105 patients. Anecdotally, patients have told Gaston Family Health Services and the media that they feel the providers listen to them, provide support, and help them develop mutual goals. As of April 2018, results are as follows:

- Seventeen babies (63%) were born without Neonatal Abstinence Syndrome (NAS) (the national average of babies born without NAS to opioid-addicted mother is 5-30%)
- Average length of neonatal hospital stay was 10.6 days – 38% lower than the national average of 16.9 days
- Average length of maternal stay was 2.7 days – 21% lower than the national average of 3.4 days
- Cost savings generated solely by neonatal/maternal stays = \$724,340.
- 85% Urine Drug Screens were clean of illicit drugs

- GFHS' ALOS for babies born with NAS is now 9.5 days, below the 16.5-day ALOS national average.

Multi-Dimensional Approach

Targeting the Four Pillars of Care

Carolina Complete Health intends to utilize integrated strategies, targeting the four strategic pillars, including beneficiaries, pharmacy, providers, and the community. Carolina Complete Health will use a cross-departmental approach to ensure holistic, coordinated beneficiary care and provider outreach. Our education campaign will inform beneficiaries and providers about how acute pain can progress to chronic pain; how to manage pain with opioid-sparing approaches, including In Lieu of and Value Added Services such as acupuncture, massage; and the myStrength and 7 Cups resources. We will offer CME certified training on pain management and opioid prescribing for doctors, nurses and pharmacists, and trauma-informed care training for providers, caregivers, and stakeholders (such as LHD staff) to address trauma that often underlies opioid misuse. Our social media promotions will include safe medication disposal during Drug Take Back days and identify drop off sites. Along with the National Family Partnership, we are offering flyers explaining the dangers of prescription drug misuse at our community health events.

Carolina Complete Health's Opioid Misuse Prevention Program will fully comply with V.C.7, and incorporate proven approaches of Centene's OpiEnd program. Services/supports will include:

- North Carolina-required restrictions and edits (including STOP Act) in our claims processing system.
- An online Opioid Toolkit that contains CDC and North Carolina prescribing guidelines and requirements; tips on treating pain without drugs; information on CSRS responsibilities; patient assessment tools; medication tapering tools; information about our SUD, pain management and other programs; SAMHSA's TIP 59 on cultural competence; and more.
- CME/CE-accredited programs on prescribing and pain management without drugs or opioid sparing
- Clinical staff outreach to providers who have beneficiaries with chronic pain diagnoses without histories of relevant conditions or injuries to educate on pain management and opioid-alternative pharmacy and medical services and benefits, such as our acupuncture and massage therapy in lieu of services (as approved by DHHS)
- Trauma Informed Care training to providers and community stakeholders to improve their ability to address the impacts of trauma that often underlie substance abuse.
- DURs and CSRS database reviews to identify opioid misuse, drug-seeking behaviors, overprescribing/utilization to take appropriate action, including provider and/or beneficiary education and referrals to Lock-In and to care management or care coordination.

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- Increased access to training for providers in partnership with NCMS' Project OBOT to promote and increase the appropriate use of MAT therapies for all North Carolinians.
- Carolina Complete Health will use pharmacy and other data in predictive modeling to identify beneficiaries at risk of intensive medical or Behavioral Health services (including opioid misuse), and to quickly intervene.

Summary

Carolina Complete Health is committed to addressing the national opioid epidemic with the emphasis on preventing beneficiaries from overusing or misusing opioid medications, while providing appropriate treatment for beneficiaries who already have an opioid abuse diagnosis. This comprehensive Opioid Misuse Prevention Program provides an array of services for beneficiaries at moderate to high risk of opioid abuse targeting pharmacy, provider and beneficiary interventions. As required, Carolina Complete Health will implement an Opioid Misuse Prevention Program that aligns with the North Carolina Opioid Action Plan and includes interventions that promote early detection of opioid misuse, SBIRT, and increased access to Substance Use Disorder treatment, including Medication Assisted Therapy (MAT).

This Opioid Misuse Prevention Program is monitored on an ongoing basis and will be evaluated for changes, as needed, to align efforts with Department of Health and Human Services reporting and North Carolina population health needs.